

Certificate of Completion

This is to Certify that

*Achieved the performance levels as indicated
in the Missouri Competency Profile for*

Cooperative Vocational Education

and therefore receives recognition for completion

This _____ Day of _____, 20 ____

at _____ School, _____, Missouri

Instructor

Administrator

Cooperative Vocational Education

Directions: Check the appropriate box below to indicate those competencies which the student has Mastered, Not Mastered, or Not Attempted. Certain competencies have been deleted from the first profile to create this revised profile.

Rating Scale: **M Mastered** – student demonstrated appropriate level of competency
 N Not Mastered – student has not reached appropriate level of competency
 X Not Attempted – student did not have an opportunity to master this competency

M	N	X

- A. Workplace Readiness
B. Economics and Entrepreneurship
C. Technology Awareness
D. Interpersonal Skills and Leadership Development
E. Occupational Communications
F. Occupational Mathematical Computations
G. Occupational Safety
H. Occupational Competence

Others (specify):
